PLYMOUTH MANOR NURSING/REHABILITATION

619 WEST WALNUT STREET

MILWAUKEE 53212 Phone: (414) 263-1770 Ownership: Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): Total Licensed Bed Capacity (12/31/02): 81 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/02: Average Daily Census: 78

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02)	ଚ					
Home Health Care Supp. Home Care-Personal Care	No No			Age Groups 			27.2 37.0	
Supp. Home Care-Household Services	No	Developmental Disabilities	1.2	Under 65	38.3	More Than 4 Years	35.8	
Day Services	No	Mental Illness (Org./Psy)	8.6	65 - 74	17.3			
Respite Care	Yes	Mental Illness (Other)	9.9	75 - 84	23.5		100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	17.3	*********	*****	
dult Day Health Care No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	3.7	Full-Time Equivalent		
Congregate Meals	Yes	Cancer	1.2			Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	3.7		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	16.0	65 & Over	61.7			
Transportation	No	Cerebrovascular	6.2			RNs	8.9	
Referral Service	No	Diabetes	4.9	Sex		LPNs	11.5	
Other Services	No	Respiratory	7.4			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	40.7	Male	35.8	Aides, & Orderlies	40.1	
Mentally Ill	Yes			Female	64.2			
Provide Day Programming for			100.0					
Developmentally Disabled	Yes				100.0			
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Method of Reimbursement

		Medicare			edicaid itle 19			Other		P	rivate Pay	<u> </u>	:	Family Care			anaged Care			
Level of Care	No.	96	Per Diem (\$)	No.	%	Per Diem (\$)	No.	o/o	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	4	100.0	271	65	87.8	140	0	0.0	0	0	0.0	0	3	100.0	141	0	0.0	0	72	88.9
Intermediate				7	9.5	121	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	7	8.6
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				2	2.7	185	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.5
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	4	100.0		74	100.0		0	0.0		0	0.0		3	100.0		0	0.0		81	100.0

PLYMOUTH MANOR NURSING/REHABILITATION

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services	, and Activities as of $12/$	31/02
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	용	As	sistance of	% Totally	Number of
Private Home/No Home Health	12.7	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	19.8		33.3	46.9	81
Other Nursing Homes			32.1		23.5	44.4	81
Acute Care Hospitals	69.1	Transferring	56.8		12.3	30.9	81
Psych. HospMR/DD Facilities	0.0	Toilet Use	45.7		13.6	40.7	81
Rehabilitation Hospitals	0.0	Eating	61.7		7.4	30.9	81
Other Locations	18.2	* * * * * * * * * * * * * * * * * * *	*****	*****	*****	* * * * * * * * * * * * * * * * * * * *	*****
Total Number of Admissions	55	Continence		%	Special Trea	tments	양
Percent Discharges To:		Indwelling Or Externa	al Catheter	4.9	Receiving	Respiratory Care	0.0
Private Home/No Home Health	20.8	• •		53.1	Receiving	Tracheostomy Care	0.0
Private Home/With Home Health	8.3	Occ/Freq. Incontinent	t of Bowel	51.9	Receiving	Suctioning	0.0
Other Nursing Homes	0.0				Receiving	Ostomy Care	2.5
Acute Care Hospitals	18.8	Mobility			Receiving	Tube Feeding	16.0
Psych. HospMR/DD Facilities	0.0	Physically Restrained	d	1.2	Receiving	Mechanically Altered Diets	28.4
Rehabilitation Hospitals	0.0						
Other Locations	14.6	Skin Care			Other Reside	nt Characteristics	
Deaths	37.5	With Pressure Sores		6.2	Have Advan	ce Directives	100.0
Total Number of Discharges		With Rashes		7.4	Medications		
(Including Deaths)	48				Receiving	Psychoactive Drugs	65.4

		Own	ership:	Bed	Size:	Lic	ensure:				
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	Facility		Group		Group		Group		lities		
	olo	%	Ratio	oʻo	Ratio	90	Ratio	90	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	91.3	81.9	1.11	86.7	1.05	84.2	1.08	85.1	1.07		
Current Residents from In-County	97.5	83.1	1.17	90.3	1.08	85.3	1.14	76.6	1.27		
Admissions from In-County, Still Residing	40.0	18.8	2.13	20.3	1.97	21.0	1.90	20.3	1.97		
Admissions/Average Daily Census	70.5	182.0	0.39	186.6	0.38	153.9	0.46	133.4	0.53		
Discharges/Average Daily Census	61.5	180.8	0.34	185.6	0.33	156.0	0.39	135.3	0.45		
Discharges To Private Residence/Average Daily Census	17.9	69.3	0.26	73.5	0.24	56.3	0.32	56.6	0.32		
Residents Receiving Skilled Care	88.9	93.0	0.96	94.8	0.94	91.6	0.97	86.3	1.03		
Residents Aged 65 and Older	61.7	87.1	0.71	89.2	0.69	91.5	0.67	87.7	0.70		
Title 19 (Medicaid) Funded Residents	91.4	66.2	1.38	50.4	1.81	60.8	1.50	67.5	1.35		
Private Pay Funded Residents	0.0	13.9	0.00	30.4	0.00	23.4	0.00	21.0	0.00		
Developmentally Disabled Residents	1.2	1.0	1.28	0.8	1.65	0.8	1.54	7.1	0.17		
Mentally Ill Residents	18.5	30.2	0.61	27.0	0.69	32.8	0.56	33.3	0.56		
General Medical Service Residents	40.7	23.4	1.74	27.0	1.51	23.3	1.75	20.5	1.99		
Impaired ADL (Mean)	48.1	51.7	0.93	48.9	0.99	51.0	0.94	49.3	0.98		
Psychological Problems	65.4	52.9	1.24	55.5	1.18	53.9	1.21	54.0	1.21		
Nursing Care Required (Mean)	7.6	7.2	1.05	6.8	1.12	7.2	1.05	7.2	1.05		